

**REGISTRATION FORM**

*The Way of Light: A Contemplative Pilgrimage in France  
9 Day France Tour*

**October 5 - 13, 2026**

**Rev. Michael D. Sciretti, Jr., Ph.D**

**Chapelwood U.M.C**

By submitting this form, I understand it is my responsibility to obtain any visas/re-entry permit necessary for this trip if I don't hold an American Passport. I have read and agreed to all the terms and conditions as set forth in this brochure.

**Your Passport Must Be Valid 6 Months AFTER Your Return Date.**

**PLEASE PRINT / PLEASE ATTACH A COPY OF YOUR PASSPORT**

Last Name on Passport:	
First Name on Passport:	
Middle Name on Passport:	
Address:	
City/State/Zip:	
Phone (including area code):	
Email address:	
Passport number:	Place of issue:
Date of issue:	Expiration date:
My date of birth is (month/day/year):	Gender: M F
In case of emergency please contact (name & phone):	
Please choose one of the following:	
<input type="checkbox"/> I want to room with (give name):	
<input type="checkbox"/> I need a roommate	
<input type="checkbox"/> I want a Single Room (at additional \$900.00)	

**A NON-REFUNDABLE DEPOSIT OF \$300.00 PER PERSON- (SEE TERMS & CONDITIONS)**

PLEASE MAKE CHECKS PAYABLE TO: **INSPIRATIONAL TOURS, INC.**  
PLEASE MAIL CHECKS AND REGISTRATION FORMS ALONG WITH COPIES OF YOUR PASSPORTS TO:  
**INSPIRATIONAL TOURS, INC.**  
**5433 WESTHEIMER RD., STE 600**  
**HOUSTON, TX 77056**

*By Signing Below, I have read and agreed to all the terms and conditions as set forth in this brochure.*

*Signature X \_\_\_\_\_ Date \_\_\_\_\_*

***(No Registration Form Will Be Processed Without Signature And Date.)***